

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-870)

SERIAL NO.
09/325636

FILING DATE
16-4-99

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND.	OCP.	IND.	OCP.	IND.	OCP.
1						
2						
3	1					
4		1				
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6	1					
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50						
TOTAL IND.	3					
TOTAL OCP.	2					
TOTAL FEE	5					

IND.	OCP.	IND.	OCP.	IND.	OCP.
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99					
100					
TOTAL IND.	1				
TOTAL OCP.	1				
TOTAL FEE	1				